

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDS/OL/LSD 1	
1. TITLE OF REPORT (if a fill-in report include Form No.) LSD Weekly Activities Report, Form #2129						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA	<input checked="" type="checkbox"/>	PERSONNEL	<input checked="" type="checkbox"/>	TRAINING	<input checked="" type="checkbox"/>	ADMIN. GENERAL OTHER (specify)	
	<input checked="" type="checkbox"/>	LOGISTICS	<input checked="" type="checkbox"/>	SECURITY			
	<input checked="" type="checkbox"/>	MEDICAL	<input checked="" type="checkbox"/>	FINANCE			
4. NO. OF COPIES PREPARED 12		5. FREQUENCY (weekly, monthly, quarterly, etc.) Weekly			6. DISTRIBUTION (No. of components not number of copies) D/L; PS/OL; LSD/OL; LSD Branches		
7. FORMAT (memorandum, form, computer print-out, etc) Form		8. ADP PROCESSING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.			9. DIRECTIVE AUTHORITY REQUIRING REPORT DDS Admin Instruction 65-7		
10. PREPARING COMPONENT (include lowest level contributing information to report) Branch to Division Division to Director of Logistics				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Branch Weekly Activities Report			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
(SEE ATTACHED SHEET)							
B. COSTS OF COMPUTER PRODUCED REPORTS							
1066 TOTAL COSTS PER YEAR						\$5,557.06	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS MAN-HOURS DOLLARS --- --STAT	
16. DATE OF INVENTORY 9 October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Reports Officer, LSD/OL					18. EXTENSION